

**LOCAL GOVERNMENT
HEALTH INSURANCE RATES
EFFECTIVE 1/1/2009**

PLAN	SINGLE/ FAMILY	%	EMPLOYEE SHARE	COUNTY SHARE	TOTAL
CIGNA HEALTH CARE	EMPLOYEE	25%	129.40	388.14	517.54
POS WEST	TOTAL SINGLE POLICY		129.40		
	DEPENDENTS	50%	387.30	387.30	774.60
	TOTAL FAMILY POLICY		516.70	775.44	1292.14
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	25%	134.64	403.91	538.55
PPO BLUE PREFERRED	TOTAL SINGLE POLICY		134.64		
	DEPENDENTS	50%	403.10	403.09	806.19
	TOTAL FAMILY POLICY		537.74	807.00	1344.74
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	25%	87.36	262.10	349.46
PPO LIMITED	TOTAL SINGLE POLICY		87.36		
	DEPENDENTS	50%	261.56	261.56	523.12
	TOTAL FAMILY POLICY		348.92	523.66	872.58

BLUE CROSS BLUE SHIELD CUSTOMER SERVICE NUMBER:

1-800-558-6213

BLUE CROSS BLUE SHIELD WEB SITE:

www.bcbst.com

CIGNA HEALTH CARE CUSTOMER SERVICE NUMBER:

1-800-244-6224

CIGNA HEALTH CARE WEB SITE:

www.cigna.com

THE EMPLOYEE PAYS 25% OF THE EMPLOYEE TOTAL PREMIUM AND 50% OF THEIR DEPENDENTS.